

MORRISON | FOERSTER

755 PAGE MILL ROAD
PALO ALTO
CALIFORNIA 94304-1018

MORRISON & FOERSTER LLP
NEW YORK, SAN FRANCISCO,
LOS ANGELES, PALO ALTO,
SAN DIEGO, WASHINGTON, D.C.

TELEPHONE: 650.813.5600
FACSIMILE: 650.494.0792

NORTHERN VIRGINIA,
ORANGE COUNTY, DENVER,
SACRAMENTO, WALNUT CREEK

WWW.MOFO.COM

TOKYO, LONDON, BEIJING,
SHANGHAI, HONG KONG,
SINGAPORE, BRUSSELS

**RECEIVED
CENTRAL FAX CENTER**

To:**OCT 10 2007**

NAME:	FACSIMILE:	TELEPHONE:
Mail Stop AF Commissioner for Patents United States Patent and Trademark Office	(571) 273-8300	571-272-0885

FROM: Shantanu Basu**DATE:** October 10, 2007

Number of pages with cover page:	6	Originals Will Not Follow
-------------------------------------	---	---------------------------

Preparer of this slip has confirmed that facsimile number given is correct: 9286/exp7**Comments:**

Attorney Docket No.: 220002064921

Client Reference No.: US-1990-267

Group Art Unit: 1649

Examiner: R. Hays

Application No.: 08/238,405

Filing Date: May 5, 1994

Inventor(s): Daniel J. CAPON et al.

Title: CHIMERIC CHAINS FOR RECEPTOR ASSOCIATED SIGNAL
TRANSDUCTION PATHWAYS

Papers enclosed:

- Transmittal (1 page)
- Fee Transmittal + duplicate (2 pages)
- Petition for Extension of Time (1 page)
- Notice of Appeal (1 page)

To ensure compliance with requirements imposed by the United States Internal Revenue Service, Morrison & Foerster LLP informs you that, if any advice concerning one or more U.S. Federal tax issues is contained in this facsimile (including any attachments), such advice is not intended or written to be used, and cannot be used, for the purpose of (i) avoiding penalties under the Internal Revenue Code or (ii) promoting, marketing or recommending to another party any transaction or matter addressed herein.

CAUTION - CONFIDENTIAL

This facsimile contains confidential information that may also be privileged. Unless you are the addressee (or authorized to receive for the addressee); you may not copy, use, or distribute it. If you have received it in error, please advise Morrison & Foerster LLP immediately by telephone or facsimile and return it promptly by mail.

**IF YOU DO NOT RECEIVE ALL OF THE PAGES, PLEASE CALL
CONCHITA PICAZO-MEJIA AT (650) 813-5975 AS SOON AS POSSIBLE.**

PA-1200524

RECEIVED
CENTRAL FAX CENTER 002
OCT 10 2007

PTO/SB/21 (10-07)

Approved for use through 10/31/2007. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

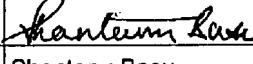
(to be used for all correspondence after initial filing)

		Application Number	08/238,405
		Filing Date	May 5, 1994
		First Named Inventor	Daniel J. CAPON
		Art Unit	1649
		Examiner Name	R. Hayes
Total Number of Pages in This Submission	5	Attorney Docket Number	220002064921

ENCLOSURES (Check all that apply)

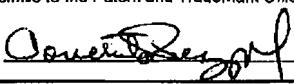
<input checked="" type="checkbox"/> Fee Transmittal Form + duplicate <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) (1 page) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <p style="margin-left: 20px;">➤ Fax cover sheet</p>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP (Customer No. 25226)		
Signature			
Printed name	Shantanu Basu		
Date	October 10, 2007	Reg. No.	43,318

I hereby certify that this paper is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below.

Dated: October 10, 2007

Signature:  (Conchita Picazo-Mejia)

RECEIVED
CENTRAL FAX CENTER

003

OCT 10 2007

PTO/SB/17 (10-07)

Approved for use through 06/30/2010. OMB 0551-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL For FY 2008		<i>Effective on 12/06/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>	
		Complete if Known	
		Application Number	08/238,405
		Filing Date	May 5, 1994
		First Named Inventor	Daniel J. CAPON
		Examiner Name	R. Hayes
		Art Unit	1649
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		TOTAL AMOUNT OF PAYMENT (\$)	
		\$ 780.00	Attorney Docket No. 220002064921

METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____					
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee					
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments					

FEE CALCULATION						
1. BASIC FILING, SEARCH, AND EXAMINATION FEES						
		FILING FEES		SEARCH FEES		EXAMINATION FEES
Application Type		Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)
Utility		310	155	510	255	210
Design		210	105	100	50	130
Plant		210	105	310	155	160
Reissue		310	155	510	255	620
Provisional		210	105	0	0	0
2. EXCESS CLAIM FEES						
Fee Description						
Each claim over 20 (including Reissues)						
Each independent claim over 3 (including Reissues)						
Multiple dependent claims						
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		Multiple Dependent Claims	
- - -	x	=	0.00		Fee (\$)	Fee (\$)
HP = highest number of total claims paid for, if greater than 20.						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		Fee (\$)	
- - -	x	=	0.00		0.00	
HP = highest number of independent claims paid for, if greater than 3.						
3. APPLICATION SIZE FEE						
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).						
Total Sheets	Extra Sheets	Number of each additional \$0 or fraction thereof	Fee (\$)	Fee Paid (\$)		
- - -	- 100 =	/50 =	(round up to a whole number) x	=		
4. OTHER FEE(S)						
Non-English Specification, \$130 fee (no small entity discount)						
Other (e.g., late filing surcharge): 2253 Extension for response within third month						
2401 Notice of appeal						
525.00						
255.00						

SUBMITTED BY					
Signature	<i>Shantanu Basu</i>		Registration No. (Attorney/Agent)	43,318	Telephone (650) 813-5995
Name (Print/Type)	Shantanu Basu		Date	October 10, 2007	

pa-1200507